

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90341 049 ***150.00

DOCUMENT # 456449

1. Entity Name
CAPO, INC.



Principal Place of Business
2 SUNSHINE BLVD
ORMOND BEACH FL 32174
US

Mailing Address
P.O. DRAWER 730429
ORMOND BEACH FL 32173-0429
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1741005**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASCIK, MARK A.
2 SUNSHINE BLVD.
ORMOND BEACH FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ASCIK, MARK	
STREET ADDRESS	253 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LANDORF, C. DUKE	
STREET ADDRESS	23 FOXFORDS CHASE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRINDLE, DON W.	
STREET ADDRESS	1500 N BEACH ST	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEWITT, JOHN M. III	
STREET ADDRESS	9 SEA DRIFT TERRACE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ASCIK, STEVE	
STREET ADDRESS	4109 PIUTE LN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steve Ascik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03
Date

386-673-4966
Daytime Phone #

CR2E034 (10/02)